

# REQUEST FOR OVERTIME, HOLIDAY PREMIUM PAY, AND COMPENSATORY TIME

TO BE COMPLETED BY SUPERVISOR

TO	THRU	FROM					
JUSTIFICATION (Include details requiring overtime)				PAY PERIOD			
				RC/CC			
				REQUEST NUMBER			
SSN AND NAME, OR NUMBER OF EMPLOYEES BY GRADE, AND OFFICE SYMBOL	GRADE	HOURS RE- QUESTED	DATE OVERTIME WILL BE WORKED	ESTIMATED		COMPENSATORY TIME	
				OVERTIME/ HOLIDAY RATE	TOTAL COST	HOURS	DATE
TOTAL							
DATE	TYPED NAME, GRADE AND TITLE OF REQUESTER			SIGNATURE			
FUND CERTIFICATION				APPROVING AUTHORITY			
ACCOUNTING CLASSIFICATION				<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			DATE
<input type="checkbox"/> FUNDS AVAILABLE <input type="checkbox"/> FUNDS NOT AVAILABLE	TYPED NAME, GRADE AND TITLE			TYPED NAME, GRADE AND TITLE			
DATE	SIGNATURE OF CERTIFYING OFFICIAL			SIGNATURE OF CERTIFYING OFFICIAL			